

Claimant ID	Medicaid ID	Patient Name	Assessment Category	Assessment Date	HC assigned	Client Name
			Tobacco Action	03/17/2016		FFS Medicaid
			Tobacco Action	03/17/2016	Angus Dunlavey	Dual
			Tobacco Action	03/17/2016	Carl Tilli	Dual
			Trans of Care	03/17/2016	Debra Mende	Dual
			Trans of Care	03/17/2016	Debra Mende	Dual
			MedRecon	03/17/2016	Lucy Tillett RN	Dual
			Trans of Care	03/17/2016	Lucy Tillett RN	Dual
Total:		7				